

## Article - Insurance

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§15–1501.

- (a) (1) In this subtitle the following words have the meanings indicated.
- (2) “Commission” means the Maryland Health Care Commission.
- (3) (i) “Mandated health insurance service” means a legislative proposal or statute that would require a particular health care service to be provided or offered in a health benefit plan, by a carrier, including a health maintenance organization, or other organization authorized to provide health benefit plans in the State.
- (ii) “Mandated health insurance service”, as applicable to all carriers, does not include services enumerated to describe a health maintenance organization under § 19–701(g)(2) of the Health – General Article.
- (b) This subtitle does not affect the ability of the General Assembly to enact legislation on mandated health insurance services.
- (c) (1) The Commission shall assess the social, medical, and financial impacts of a proposed mandated health insurance service.
- (2) In assessing a proposed mandated health insurance service and to the extent that information is available, the Commission shall consider:
  - (i) social impacts, including:
    - 1. the extent to which the service is generally utilized by a significant portion of the population;
    - 2. the extent to which the insurance coverage is already generally available;
    - 3. if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments;
    - 4. if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship;

5. the level of public demand for the service;
6. the level of public demand for insurance coverage of the service;
7. the level of interest of collective bargaining agents in negotiating privately for inclusion of this coverage in group contracts; and
8. the extent to which the mandated health insurance service is covered by self-funded employer groups of employers in the State who employ at least 500 employees;

(ii) medical impacts, including:

1. the extent to which the service is generally recognized by the medical community as being effective and efficacious in the treatment of patients;
2. the extent to which the service is generally recognized by the medical community as demonstrated by a review of scientific and peer review literature; and
3. the extent to which the service is generally available and utilized by treating physicians; and

(iii) financial impacts, including:

1. the extent to which the coverage will increase or decrease the cost of the service;
2. the extent to which the coverage will increase the appropriate use of the service;
3. the extent to which the mandated service will be a substitute for a more expensive service;
4. the extent to which the coverage will increase or decrease the administrative expenses of carriers, including health maintenance organizations, or other organizations authorized to provide health benefit plans in the State, and the premium and administrative expenses of policy holders and contract holders;
5. the impact of this coverage on the total cost of health care; and

6. the impact of all mandated health insurance services on employers' ability to purchase health benefits policies meeting their employees' needs.

(d) Subject to the limitations of the State budget, the Commission may contract for actuarial services and other professional services to carry out the provisions of this section.

(e) (1) On or before December 31, 1998, and each December 31 thereafter, the Commission shall submit a report on its findings, including any recommendations, to the Governor and, subject to § 2-1257 of the State Government Article, the General Assembly.

(2) The annual report prepared by the Commission shall include an evaluation of any mandated health insurance service legislatively proposed or otherwise submitted to the Commission by a member of the General Assembly prior to July 1 of that year.

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